SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Received by (Please Print Clearly) B. Date of Delivery
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	✗☐ Agent☐ Addressee
1. Article Addressed to: Lloyd G. Geddes 1325 Scott Boulevard Decatur, Georgia 30030	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
<u>,</u>	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
1:050591 (Chip, sunms 20 Oup	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7000-0520-0023-2401-7205	
PS Form 3811, March 2001 Domestic Reti	um Receipt 102595-01-M-142-